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UNCLAS SECTION 01 OF 02 GABORONE 000535

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CORRECTED COPY (REPLACING GABORONE 525 AND 527)

E.O. 12958: N/A

TAGS: [PREF](#) [PGOV](#) [KHIV](#) [BC](#) [HIV](#) [AIDS](#)

SUBJECT: REFUGEES AT DUKWE REFUGEE CAMP SEEK ARV THERAPY

1. (U) Summary: A March 31 visit to Botswana's Dukwe Refugee Camp by Ambassador Huggins revealed difficult living conditions and challenges in fighting HIV/AIDS within the camp's population. Community leaders at the Camp blamed the Government's policy of not providing ARV treatment to the refugees for the common refusal to fully utilize counseling and testing services. GOB representatives explained that the scarcity of resources was the reason that refugees could not be a target group for HIV/AIDS treatment programs. On April 14, UNHCR ResRep told the Ambassador that UNHCR would provide the ARVs until the GOB was ready to fund the program. End Summary.

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DIFFICULT CONDITIONS  
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2. (U) Dukwe Refugee Camp, located approximately 130 kilometers northwest of Francistown in the northeast of Botswana, is home to approximately 3,000 refugees. These include roughly 880 Namibians, 864 Angolans, 500 Somalis, and a number from various countries in the Great Lakes Region and other areas in Africa. Three organizations in addition to the Government of Botswana and the UNHCR have a presence in Dukwe. The Red Cross distributes food, Habitat for Humanity helps build houses, and the Botswana Council of Churches helps to fund education for the children of refugees. This support notwithstanding, we found that conditions in the camp were poor, with water in short supply, sanitation facilities crude (i.e. pit latrines) and employment opportunities rare.

3. (U) Despite the difficult circumstances of life in the camp, most refugees are reluctant to leave, with exceptions. After visits to Angola by Angolan refugees at the Dukwe camp, UNCHR expects to repatriate 430 Angolans later this year. During the month of March, twenty-nine Namibians registered to return to their home country as well.

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RESIDENTS WANT ARV & PMTCT  
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4. (U) During a tour of the camp, community leaders described to Ambassador Huggins the challenges of combating HIV/AIDS within the Dukwe. Despite continuing education on reproductive health--some of it carried out by U.S.-based World Refugee Academy-- , incidents of teenage pregnancies, rape, and intergenerational sex are on the increase. The leaders attributed this to the lack of employment opportunities, abject poverty, and the common abuse of alcohol and drugs within the camp.

5. (U) The community leaders' biggest complaint, however, was with regard to the GOB's policy of not providing ARV and PMTCT treatment to refugees. Individuals frequently prefer not to know their status since the health care necessary to treat someone who is HIV-positive is not available. They asked Ambassador Huggins to appeal to the GOB to extend its ARV and PMTCT programs to refugees. Refugees are involved in both casual and long-term sexual relationships with Batswana outside the camp. As a consequence, failure to effectively combat the disease within Dukwe compromises similar efforts in the surrounding communities.

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GOB CITES LACK OF RESOURCES  
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6. (U) On April 4, Ambassador Huggins, accompanied by the UNHCR Country representative, met with Mr. Bergsman Sentle, Deputy Permanent Secretary for

Political Affairs in the Office of the President, on the plight of refugees at Dukwe. The Ambassador observed that if refugees are not included in the ARV and PMTCT programs, their interaction with the public outside the camp will undermine the government's campaign against HIV/AIDS. Mr. Sentle recognized the problems associated with excluding refugees from the ARV and PMTCT programs, but pointed out that the government is restricted by a lack of resources. He noted, however, that discussion about the issue continues within the government and that it is committed to finding a solution. Mr. Sentle commented that the GOB has been in touch with UNHCR Geneva on this issue. On April 14, the UNHCR ResRep in Botswana, Benny Otim, told the Ambassador the Roman Catholic Bishop in Francistown had agreed to fund ARVs for the refugees until the GOB could take over.

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Comment  
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17. Without involving Dukwe Refugee Camp in Botswana's campaign to roll out ARV therapy, a major gap is exposed in combating the prevalence and spread of HIV/AIDS in the northeast of the country. Understandably, the GOB's resources will be targeted to its own citizens first. A consideration that the GOB might be weighing as well is that if word spreads that ARV therapy is available at Dukwe, the trickle of refugees, especially from central Africa, will grow. (Refugees from Democratic Republic of Congo, Uganda, Rwanda and Burundi over the past four years have made their way to Dukwe as the message spread that it was an easy place from which to be resettled in a third country). It is encouraging that the Catholic Church has agreed to fill the gap until the GOB can take on the responsibility.  
HUGGINS